

09/831419

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 5-30-01 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|--------|
| Final Original | |
| 1 | 18 4 7 |
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| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
|----------------|------|
| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here